

1 LOCATION OF WATER WELL
 County: **Clay** Fraction **SE 1/4 SE 1/4 SE 1/4** Section Number **1.9** Township Number **T 8 S** Range Number **R 2 E E/W**
 Distance and direction from nearest town or city? **5 West - 3 South of Clay Center, Ks.** Street address of well if located within city?

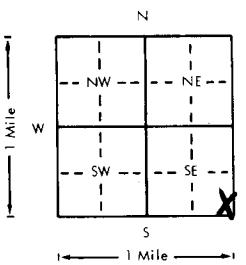
2 WATER WELL OWNER: **Mark Green**
 RR#, St. Address, Box #: **Route # 5** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Clay Center, Kansas 67432** Application Number:

3 DEPTH OF COMPLETED WELL: **55** ft. Bore Hole Diameter: **8** in. to **55** ft., and **8** in. to **55** ft.
 Well Water to be used as: # **1** 5 Public water supply 8 Air conditioning 11 Injection well
X 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: **28** ft. below land surface measured on **11** month **6** day **1979** year
 Pump Test Data: Well water was **50** ft. after **1** hours pumping **15** gpm
 Est. Yield **15** gpm: Well water was **50** ft. after **1** hours pumping **15** gpm

4 TYPE OF BLANK CASING USED: # **2** 5 Wrought iron 8 Concrete tile Casing Joints: Glued **X** Clamped
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
X 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing dia **5** in. to **35** ft., Dia **3** in. to **35** ft., Dia **3** in. to **35** ft., Dia **3** in. to **35** ft.
 Casing height above land surface: **12** in., weight **3** lbs./ft. Wall thickness ~~0.258~~ **.258**
 TYPE OF SCREEN OR PERFORATION MATERIAL: # **7** **X 7 PVC** 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are: # **8** 5 Gauzed wrapped **X 8 Saw cut** 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: **5** in. to **5** ft., Dia **5** in. to **5** ft., Dia **5** in. to **5** ft., Dia **5** in. to **5** ft.
 Screen-Perforated Intervals: From **35** ft. to **55** ft., From **35** ft. to **55** ft., From **35** ft. to **55** ft., From **35** ft. to **55** ft.
 Gravel Pack Intervals: From **10** ft. to **55** ft., From **10** ft. to **55** ft., From **10** ft. to **55** ft., From **10** ft. to **55** ft.

5 GROUT MATERIAL: # **1** **1 Neat cement** 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **0** ft. to **10** ft., From **0** ft. to **10** ft., From **0** ft. to **10** ft., From **0** ft. to **10** ft.
 What is the nearest source of possible contamination: **None** 10 Fuel storage 14 Abandoned water well
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well: How many feet: ? Water Well Disinfected? Yes **X** No
 Was a chemical/bacteriological sample submitted to Department? Yes **X** No **X** If yes, date sample was submitted: month day year Pump Installed? Yes **X** No **X**
 If Yes: Pump Manufacturer's name: Model No. HP Volts
 Depth of Pump Intake ft. Pumps Capacity rated at gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **November 6** month **6** day **1979** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361**
 This Water Well Record was completed on **November 6** month **6** day **1979** year under the business name of **Cox - Beswick Irrigation Service, Inc.** by (signature) **Francis Cox**

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:


FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0 29 Limerock			
		29 38 Sand			
		0 29 Top soil & Clay			
		29 38 Limerock			
		38 49 Clay			
		49 50 Limerock			
		50 55 Clay			

ELEVATION:
 Depth(s) Groundwater Encountered 1. **29** ft. 2. **49** ft. 3. **49** ft. 4. **49** ft. (Use a second sheet if needed)

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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